



**LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU**



COMMUNITY OUTREACH SERVICES MANUAL

**Marvin J. Southard, D.S.W
Director**

December 2010

Table of Contents

- A. Purpose
- B. Policy
- C. General Definitions
- D. Instructions for completing Information System Form
- E. Target Group Characteristics
- F. Program Area
- G. Service Recipient Definitions
- H. Safe Haven Programs
- I. Progress Notes/Future Plans/Recommendations
- J. Frequently Asked Questions

PURPOSE

Community Outreach Services (COS) provide the mechanism whereby human service agencies can work together to foster mental health and prevent mental illness and its debilitating effects. COS affords an avenue for Department of Mental Health staff and agencies who contract with the Department to provide services such as education, consultation and information to individuals who are **not** formal clients of the mental health system and providers who are **outside** the county mental health system. Through the interaction of mental health professionals with other community care providers, COS enable non-mental health systems to attend to the mental health needs of its own clients.

Equally important is the community outreach to persons with mental illness. Some individuals who need mental health services do not seek traditional clinic-based services due to a multitude of factors.

The Los Angeles County – Department of Mental Health and its network of service providers believe community outreach is a key component in providing effective mental health supportive services to persons with mental illness.

The purpose of this manual is to provide:

- guidance for planning, managing and evaluating COS resources and programs to meet Department of Mental Health goals and priorities;
- specific information defining and explaining the Department's COS program and policy;
- supplemental reporting and documentation instructions.

Note: This manual is for use by programs having approved Community Outreach Services: 1) cost centers in their budgets; and (2) reporting capability in the Information System.

POLICY FOR COMMUNITY OUTREACH SERVICES

PURPOSE: To define the goals and parameters of Community Outreach Services for Department of Mental Health staff and programs.

BACKGROUND: Community Outreach Services (COS) are central to the definition of the Los Angeles County Department of Mental Health as a community mental health system. These services include a wide variety of activities: consultation (case, program and administration); community education; information and referral; community organization; outreach; and program development. They include services aimed at prevention of mental disorders at all three traditional levels: primary, secondary, and tertiary. COS are delivered to human services providers and other community groups and individuals who are not currently part of the mental health system, rather than to or on behalf of specific clients who are receiving services from the system. Closely attuned to the changing needs of various communities, the planning and implementation of these activities is often the most creative of all the Department's functions.

POLICY:

1. Community Outreach Services is defined as:
 - a. expanding and/or enhancing the abilities of agencies and other groups and individuals, who are not part of the mental health system within Los Angeles County, to respond to the mental health needs of the community-at-large, special population groups, or individuals; and/or
 - b. promoting mental health and/or reducing the risk or severity of mental disorders among persons not identified as clients receiving services through the mental health system.
2. Community Outreach Services resources are allocated in a manner reflecting current Department of Mental Health and Service Area planning priorities. Specifically, emphasis is given to activities on behalf of:
 - a. the severe and persistently mentally ill;
 - b. groups at high risk for the development of severe mental disorders;
 - c. unserved or underserved ethnic/cultural/isolated populations; and
 - d. the general population.
3. Community Outreach Services:
 - a. support the goals of county-wide or direct service programs; and
 - b. promote the mental health of the general population.
4. Responsibility for the quality and direction of Community Outreach Services rests with the Director of Mental Health. By designation:

- a. responsibility for Community Outreach Services in specific local communities and for specific focal populations lies with respective Deputy Directors.
- b. responsibility for countywide Community Outreach Services and for technical support to service areas/bureau programs lies with the Deputy Director of the Program Support Bureau.

**GUIDING
PRINCIPLES:**

1. The planning, implementation and evaluation of all Community Outreach Services should be documented as to process, content and quantity.
2. Priority in planning and delivery of Community Outreach Services should be given to activities that:
 - a. maximize the number of persons to benefit;
 - b. increase mental health support services by allied social service agencies that are not a part of the mental health system;
 - c. address needs where other resources do not exist;
 - d. include goals and time frames.
3. All continuing Community Outreach Services activities should be evaluated at least annually.
4. COS forms are maintained in a locked file, separate from client records.
 - a. at the minimum, COS forms should be maintained according to month.
 - b. For Community Client forms, program managers can determine if the forms are to be maintained according to client.
 - c. Since programs may be collecting financial, medical/ mental health and demographic information about potential clients, Community Client COS forms, should be safeguarded as any other client record. This could mean a locked cabinet in a medical records room, a double locked cabinet or a locked cabinet in a locked room.
5. COS forms are to be retained for a minimum of four (4) years.

COMMUNITY OUTREACH SERVICES – GENERAL DEFINITIONS

I. General

Community Outreach Services enable the mental health system to reach the community-at-large, and provide a proactive way for the system to address the needs of those who do not or will not utilize traditional mental health services, especially populations at risk.

II. Community Outreach Services (Consultation, Education, Information, Community Organization and Community Client Contacts)

The purposes of **Community Outreach Services (COS)** are to:

- A. Enhance the mental health of the general population;
- B. Prevent the onset of mental health problems in individuals and the community; and
- C. Assist those persons who are experiencing stress, but who are not reached by traditional mental health treatment services, to obtain a more adaptive level of functioning.
- D. Promote mental health and/or reduce the risk or severity of mental disorders among persons not identified as clients within the mental health system; and
- E. Expand the continuum of care through client-centered supportive services.

III. General Definitions of Community Outreach Services

Community Outreach Services are composed of: Mental Health Promotion and Community Client Services.

- A. **Mental Health Promotion** includes activities and projects directed toward:
 - 1. strengthening individuals' and communities' skills and abilities to cope with stressful life situations, **before** the onset of such events (e.g., "primary prevention");
 - 2. enhancing and/or expanding agencies' and organizations' mental health knowledge and skills related to the community-at-large or special population groups;
 - 3. providing education and/or consultation to individuals' and communities' regarding mental health services programs, in order to prevent the onset of mental health problems.
- B. **Community Client Services** includes activities directed toward:
 - 1. Outreach to identify potential persons with mental illness;
 - 2. strengthening individuals' and/or communities' skills and abilities **during** a stressful life situation through short-term intervention (e.g., "secondary, tertiary prevention");

3. Enhancing or expanding knowledge and skills of human service agency staff to handle mental health problems of their particular clients; and,
4. Linking persons with mental illness to appropriate resources in the community, e. g., health, mental health, social services, etc., supportive of recovery.

Under the broad categories of Mental Health Promotion and Community Client are the following types of services:

- **Mental Health Consultation:** The provision of culturally and linguistically appropriate technical assistance by a mental health professional, who shares his/her knowledge and skills with allied community health and social service providers, caregivers, groups or individuals. Consultation services should increase the mental health skills and the capabilities of caregivers or their agencies, as well as improve their work efficiency and effectiveness in meeting the mental health needs of the population they serve.

Example: MH Promotion: Contact with school personnel, residential care providers/staff, criminal justice system personnel or the clergy in regard to meeting the mental health needs of the populations they serve.

Example: Community Client: Contact and support of human services personnel dealing with specific mental health problems of particular individuals within their client population; i.e., consultation to police in a specific hostage negotiation situation.

- **Mental Health Education:** A learning process which imparts sound personal and community mental health principles to other professionals, individuals or groups and/or the general public, including special target groups such as parents, youth and individuals experiencing stressful life situations. The goals are to expand the community's knowledge and skills; to change behavior and emotional response by changing attitudes and motivation; and, by teaching new personal and interpersonal skills. This activity may involve education of community care providers, parent groups, law enforcement agencies, etc.

Example: MH Promotion: Conducting a three-session class requested by a local school PTA regarding parenting issues with high-risk, minority adolescents.

Example: Community Client: Making a presentation to laid-off workers experiencing stress response symptoms; or presenting specific client recovery needs to Department of Public Social Services workers regarding SSI eligibility of mentally disabled persons.

- **Mental Health Information:** Staff share general or specific information about the availability and use of mental health services to the general community and/or particular target populations. These efforts are designed to reduce the stigma of mental disorders to maximize normalization of life style for those who have mental disorders. The goals of such services are to develop community awareness of its mental health resources, and the factors that call for mental health interventions. Such information may assure a higher comfort level in utilizing services. This activity may include dissemination of information about mental health resources in the community, hours of operation, program changes, significant legislation, etc.

Example: MH Promotion: Lead a question and answer session for a community group about upcoming changes in the provision of services to Fee- for-Service Medi-Cal clients.

Example: Community Client: Provide information-and-referral to a current Fee-for-Service Medi-Cal recipient requesting clarification of upcoming changes.

- **Community Organization:** Mental health staff collaborate with others to help identify community mental health needs, locate appropriate resources and initiate problem-solving actions. The goal of Community Organization is to develop or modify mental health, social and other community systems to maximize mental health benefits in the community. This includes task forces, coalitions, self-help groups, community support network community coordinating councils, etc.

Example: MH Promotion: Providing leadership to organize a community advisory committee which will focus on identifying local minority mental health needs.

Example: Community Client: Providing leadership in organizing a support group for foster parents of difficult-to-adopt children.
Community Outreach: The focus of this activity is response to unserved and underserved populations, including children, minorities, and the elderly. Activities include case-finding and client

linkages achieved by taking services to the community, particularly to individuals who are reticent about becoming mental health clients and/or about giving personal information.

Example: MH Promotion: Making and maintaining contacts with community leaders in a low income housing tract so residents are better informed about services available at their local mental health center.

Example: Community Client: Staff making a home visit to a refugee family whose member is acting bizarrely, but who is not currently willing to seek mental health treatment; a field visit to a disaster victim displaced from home.

- **Program Development:** This activity consists of technical assistance and/or leadership in the development of specific programs to increase mental health and related resources within existing organizations/groups in the community.

Example: MH Promotion: Providing assistance to a free clinic in efforts to obtain grant funds for a child abuse prevention program.

Example: Community Client: Assisting with development of a counseling program for battered women with children at a women's shelter.

- **Media:** This activity includes all mental health presentations by or interviews of COS staff for radio, television, internet information screens or newspaper media.

Example: MH Promotion: Discussion of the "Hispanic Friends Can Be Good Medicine" campaign on a local Mexican radio station; an interview by a local TV newscaster regarding the homeless chronically mentally ill; preparation of a news release regarding a new program for mentally ill seniors; promotion of program utilization by conducting "open house" functions or various events for the general public.

- **Hotline:** Hotline is a separate activity in this section. Only those programs with specific cost centers for this activity should use this code.

Example: The Suicide Prevention Center at Didi Hirsch CMHC and Children's Hospital Adolescent Hotline responds to calls from distressed individuals.

- **Psychiatric Mobile Response Team:** Only programs with specific Psychiatric Mobile Response Team (PMRT) cost centers should use this code.

Example: A family member, community member, or other agency requests a field evaluation for a person who is refusing mental health treatment and is a danger to self, danger to others, or unable to provide for food, clothing and shelter, by reason of apparent mental disorder. While these activities often are focused on evaluation of an individual for hospitalization, the secondary goal is early intervention to prevent disruption of the life of the individual and their family. Even if the potential client will not spend time with the mental health staff, COS can be billed for the time spent with the family, etc.

INSTRUCTIONS FOR COMPLETING COS FORM

A. General Information About the Service Event.

1. Provider Number: Enter the program's unique four digit provider number. Also enter the category of the program.

Example: Provider Number 1901C - Transition Age youth. Provider Number 1902C – Children.

Jail Linkage and Housing Specialist staff have been assigned to Service Area Navigation Teams. Staff are to use the Navigator provider number which best represents: 1) where the potential client resides or 2) the where the potential client will reside.

Example: The potential client resides in SA 2 and is going to be assigned to a SA 2 FSP. Use the Navigator Provider Number for SA 2.

Example: The potential client is homeless, but will be referred to a program in SA 5. The SA 5 Navigator Provider Number should be used.

2. Date of Service: Enter the date on which the community outreach service was performed.
3. Rendering Provider: Enter the name of the lead person providing the service. The number of the Rendering Provider consists of an (e) followed by the employee's employee number – e123456.
 - a. If two or more staff **from different DMH programs** (different provider numbers) are involved in a joint effort, separate forms should be completed by the respective staff.
 - b. If staff are from the same program (same provider number) place the name of the lead person in this space and the name of other staff in the space marked "additional participating staff".
4. Service Recipient Type: Choices for this section are located on page 2 of the COS Codes listing. Examples include terms such as "Community-at-Large, Individual; School – Public, etc. **INCLUDE BOTH THE CODES AND DESCRIPTIVE INFORMATION IN THIS SECTION.**
 - a. If staff are making contact with a homeless individual, the Service Recipient Type would be "3 – Individual". Discuss the nature of the homelessness in the Progress Note section.

- b. If staff are interacting with a potential client and their family and the primary interaction is with the family, the Service Recipient Type could be “4 – Couple/Family”.
- 5. Number of Persons Contacted: Enter the total number of persons contacted during the COS activity. If addressing a large group, write in the number you estimate to be present. If you are providing a media presentation addressing an unknown number, state “unknown”.
- 6. Agency Name, Address, Contact Person, Telephone Number:

Service Location Information

- a. **Agency Name:** Enter the name of the agency for whom services were provided. If several agencies are recipients and there is no common identifier, use the agency most representative of the group or use name of host agency.
- b. **Agency Address:** Enter the complete address of the service recipient.
- c. **Agency Contact:** Enter the name of the agency contact person with whom arrangements were made to provide the sessions.
- d. **Phone Number:** Enter the telephone number of the contact person.

Individual Service Recipient

- a. **Name:** If working with a potential client, staff have a number of options under “Name”. If staff know the individual’s name, the name should be inserted in this space. If the staff does not know the individual’s name, John/Jane Doe can be used or male/female client. The potential client can be more fully described in the Progress Note section.
- b. **Address:** This field represents where the contact was made, i.e., street, individual’s home, etc. If contact was made at the home of the individual or friend, a mental health clinic, community agency, hospital, social service agency, jail, probation camp, Juvenile Hall, provide the address.
- c. **Contact Person:** This could be N/A, especially if staff encounters the individual on the street. If someone has contacted staff about an individual, the name of this person goes in this field.

- d. **Phone Number:** As above, this could be N/A. Staff can use the phone number of the agency, family, contact person, etc.

Target Group Characteristics –

This section contains those elements which describe the primary characteristics of the population targeted by the COS, not necessarily the characteristics of the Service Recipient. **INCLUDE BOTH THE CODES AND DESCRIPTIVE INFORMATION IN THIS SECTION.**

7. Primary Language: Choices for this section are located on page 1 of the COS Codes listing. Enter the code and descriptive term best defining the primary language of the group (or individual) for whom services are being provided, regardless of the language in which the COS is delivered. If the COS is not specific to a particular language group, use the code and descriptor for English. (01, English)

Example: 18, Armenian; 60 Russian.

8. Ethnicity: Choices for this section are located on page 1 of the COS Codes listing. Select the one category best describing the majority of the target group toward which the consultation is aimed.

If this is a Community Client contact, indicate the ethnicity, best representing the potential client. If you are unable or it is inappropriate to ask the client about their ethnicity, use your experience and judgment to complete this field. The State DMH is requesting specific information related to Hispanics and American Indians.

Example: If the consultation is directed toward American Indians, ascertain the tribe and enter 04, then specify the tribe. If several tribes are represented, enter 04 and specify "other".

9. Age Category: Choices for this section are located on page 1 of the COS Codes listing. Enter the age range describing a majority of the target group to which the consultation is directed, or in the case of Community Client, the age range of the client being served. Select "Multiple when the service is being provided to two or more consumers in different age groups or the audience (in the case of Mental health promotion) represents more than one age group.

Example: If staff are presenting to a group of adults about children or Transition Age Youth (TAY) the age should be representative of children or TAY.

10. Handicap: Choices for this section are located on the page 1 of the COS Codes listing. Use the code and descriptive term characterizing the target group served by the consulting agency.
11. Duration: This refers to how long the COS lasted. The time is to be recorded in 15-minute increments.
 - a. Time spent **does not** include time for travel, internal planning meetings or preparations.
 - b. Time spent **does** include documentation (up to one 15-minute increment), and direct contact (face-to-face or telephone).
 - c. For Mental Health Promotion, time spent preparing literature, mass media advertisement and/or mass media presentations **is included**.
 - d. **Time excluded or not eligible for recording** includes time spent by support staff, such as clerical, staff meetings and when staff are receiving training.
12. Program Area: Choices for this section are located on page 2 of the COS Codes listing. Identify the program area (code and descriptive term) that was the focus of the service.

Example: a staff person working in the Jail Linkage Program would use code "03 - Law Enforcement/Justice System". If the staff person is a housing specialist on the Navigation Team, the program code would be "14 - Housing Activities/Community Care". Staff working on the Psychiatric Mobile Response Team (PMRT) would use the program code "24 - Service Utilization Mental Health".

Example: for staff billing to PEI, select a program area that best identifies the nature of the problem and the services rendered.
13. Funding Source: This code refers to Plans listed under "Funding Source" drop down menu on the COS screen in the Integrated System (IS).
14. Service Code: Service options include Mental Health Promotion; Community Client Services and Case Management Support. Generally, only contract agencies with Case Management Support can use this latter category.
15. Additional Participating Staff: Identify any other staff who are participating in providing the service.
16. Sign and date the form. Provide the signature of the primary consultant, certifying the activities reported were performed as described.

TARGET GROUP CHARACTERISTICS:

Target group characteristics refer to those characteristics of the population served by the COS, not necessarily characteristics of the Service Recipient Type. For example, a consultation to three elementary school teachers of various ethnicities on behalf of 8 “09 - Other Non-White” speech-impaired children, the children, rather than the teachers, should be described in regards to Primary Language, Ethnicity, Age Category and Handicap status.

PRIMARY LANGUAGE: Enter the code from among those listed that best defines the primary language of the group for whom services are being provided, regardless of the language in which the service is delivered. If the COS is not specific to a particular language group, use the code for English 01, as the dominant language. Only one code may be selected. Use two digits only.

Example: A COS session is conducted before a large community care facility about the special needs of Spanish-speaking clients and their families. Enter 03.

Example: Staff delivery of information related to the special needs of Vietnamese immigrants and their stress experiences in schools and employment. Enter 19.

Example: A staff presentation in a Mental Health Week seminar series with emphasis on available resources. Enter 01.

Example: Mental Health staff consult with the Samoan Cultural Committee regarding issues in a planned Family Resource series to be presented at the Community Center. Enter 14.

ETHNICITY: In the box labeled “Ethnicity”, choose the category best describing the majority of the target group toward which the consultation is aimed. As part of a grant by the Federal government, the State Department of Mental Health has requested all counties indicate the specific ethnic or background regions under “03 – Hispanic”. Additionally, the specific tribe must be indicated for “04 - American Indian or Alaska Native”.

Example: When COS are provided to the teachers of a school for emotionally disturbed Korean children, the number 10 would be entered in the Ethnicity box.

Example: If a Community Health Week seminar series is aimed at reducing stigma in the general population with regard to the mentally ill living in the community, the number 99 is entered in the Ethnicity box - the recipient ethnic characteristic is “All”. (Note: 99 is used for both All and Unknown.)

AGE CATEGORY: Enter the age category for majority or predominant age range of the target group. If the COS is not specific to a given age group, enter “unknown”. Only one age category may be selected from those listed on the form. Select “Multiple” when the service is being provided to two or more consumers in different age groups or the audience (in the case of Mental Health promotion) represents more than one age group.

HANDICAP: In the box labeled “Handicap”, enter the code which best characterizes the target group served by the consulting agency. This is a two-digit code ranging from “00 - No physical Disability” to a variety of impairments or combination of impairments. Only one two-digit code may be chosen. Only the categories listed may be used.

1. “04 Physical Impairment” is a general term referring to any physical disability not otherwise specified on the list. For example, diabetes is usually controllable and, therefore, not disabling. It usually does not keep the client from working. COS directed to a group of deaf individuals with diabetes would be reported as “02 - Deafness/Severe Hearing Impairment”. In contrast, both speech impairment and the ambulation problems of stroke clients would be disabling. COS directed to such a group would be reported as “34 - Speech Impairment and Physical Impairment”. If a majority of the group toward which COS is directed is physically disabled in more than one of the specified areas and a code is not provided, use the following criteria:

- a. If it is discernable that one of the impairments is more severe, report the more severe handicap.

Example: A COS directed toward a blind/speech impaired group whose visual disability is the more severe, the code would be reported as 01, Blindness/Severe Visual Impairment.

- b. If the comparative severity of the disabilities is not discernable, use “06 Other Disabilities”. “06 - Other Disabilities” may be used to indicate combinations of non-specified physical disabilities as well as combinations of specified and non-specified physical disabilities.
- c. A COS directed to a developmentally disabled group with severe hearing and speech impairment is reported as “57 - Developmental Disabilities/Multiple Physical Disorders”.
- d. Consultation to a group of parents of children with one or more genetic based birth defects is reported as “57 - Developmental Disabilities/Multiple Physical Disorders”.
- e. COS targeted to the deaf and blind with ambulation problems is reported as “12 - Blindness and Deafness”.

Note: To report a target group handicap as “80 - Mental Disability”, the target group should meet the criteria used by other institutions in the community, (e.g., 1) designation by schools as Emotionally Handicapped; 2) designation by Department of Social Services for financial assistance, based on inability to work; 3) designation by Court, under LPS conservatorship; 4) designation by Social Security, for SSI income due to mental disability.)

Example: A consultation to assist mentally disabled (SSI assisted) persons to use public transportation and public library services would be reported 80.

Example: A consultation targeted to the community in general would be reported “60 - No Physical or Mental Disability”.

Example: A consultation to teachers of emotionally handicapped/ Developmentally Disabled children would be reported “85 - Mental Disability/Developmental Disability”.

Example: A COS targeted to pregnant minors would be reported “60 - No Physical or Mental Disability”.

Note: The code numbers from 12 to 57 and from 81 to 87 are combinations of previous category numbers and represent the combination of disabilities specified. For example, “45 - Other Physical Impairment/Developmental Disability” is a combination of “04 - Other Physical Impairment” and “05 Developmental Disability”. Digit order does not necessarily indicate order of severity of disability.

PROGRAM AREA

Enter the code that refers to the primary focus or content of the service being provided.
Only one "Program Area" may be specified for each COS.

- 01 **SCHOOL PROBLEMS:** Difficulties primarily manifested in the classroom setting, or educational problems of persons with mental illness.

Example: Case consultation to local school guidance committee re: disturbed children; working with Regional Occupational Program (ROP) teachers concerning special needs of mentally disturbed trainees.

- 02 **CHILDRENS SERVICES - OTHER THAN ABUSE, NEGLECT, SCHOOL:** Any problems of children not covered by other categories.

Example: Staff consult with camp counselors to increase their abilities to handle acting-out children.

- 03 **LAW ENFORCEMENT/JUSTICE SYSTEM:** Problems encountered within law enforcement and the criminal justice system, including, but not limited to, police, probation, and the courts.

Examples: Information is provided to local police departments regarding the handling of mentally ill offenders; case consultation is provided to a parole officer; mental health consultation is delivered in the field to law enforcement officials during an emergency situation; staff consult with a group of judges regarding new disposition alternatives for mentally disabled children and youth; information and education is provided to County Counsel staff regarding Interview techniques with child abuse victims.

Example: For Jail Transition and Linkage, the program is design to outreach and engage incarcerated individuals into appropriate levels of mental health services and supports, including housing and employment services, prior to release from jail. Staff collaboration with Jail Mental Health, Mental Health Court Workers, attorneys, family members, law enforcement, etc.

- 04 **OTHER HEALTH/HUMAN SERVICES:** Miscellaneous category for program areas not elsewhere covered.

Examples: Staff actively consult with a critical care nurses concerning helping patients' families cope with death; services to special target groups, e.g., Sudden Infant Death Syndrome families.

- 05 COMMUNITY AND DOMESTIC VIOLENCE: Staff consultation regarding problems of violent behavior within the family or community, other than child abuse/neglect.
Examples: Consultation to staff of a shelter for battered women; outreach services to gang members or their families; task force consultation to develop services to victims of violent crimes.
- 06 CHILD ABUSE/NEGLECT: Mental health problems connected with the emotional, physical, or sexual abuse of children.
Example: Mental Health staff conduct a case consultation with a child protective services worker.
- 07 SEXUAL ABUSE/RAPE - ADULT: Problems of adult survivors of rape or of childhood sexual abuse/assault.
Examples: Consultation to a volunteer group to organize rape crisis hotline; consultation to an adult survivor's group.
- 09 PARENT TRAINING: Includes any formal didactic or semi-formal group process by mental health staff, to parents or significant others (not teachers or law enforcement officers), concerning problems the parents are having in meeting the emotional needs of children.
Example: Staff conducts a presentation of the STEP program for unwed adolescent mothers.
10. GERIATRIC SERVICES: Includes services focusing on the difficulties encountered by the elderly or specific mental-health related services geared to that age group.
Examples: Case consultation to manager of a senior citizens' center; outreach services to mentally ill seniors in community care facilities; consultation to a local task force to develop mental-health related services to isolated elderly.
- 12 DISASTER RESPONSE: Problems involved in planning for response to disasters or service delivery to disaster victims.
Examples: Community meeting to plan for response to a major earthquake; outreach to victims of a hotel fire.
- 13 JOB DEVELOPMENT FOR THE MENTALLY DISABLED: Problems encountered in efforts to increase the number or types of jobs available to persons with mental illness.

Example: Meeting with local business people to facilitate the hiring of the mentally disabled.

- 14 HOUSING/COMMUNITY CARE: Difficulties encountered in efforts to increase housing options or improve housing conditions for specific target groups of adult mentally disabled clients living in independent/semi-independent/community care situations. Note: Not on behalf of a person known to be a Short-Doyle client.

Examples: Staff working with community agencies to identify housing needs of the chronically mentally ill; consultation to a community care facility manager regarding development of an evening activities program in the facility; housing staff secure and maintain private market rate housing for the homeless mentally ill.

- 17 STIGMA/COMMUNITY ACCEPTANCE: Problems involving the stigma associated with mental illness.

Example: Consultation to Project Return Club members re: interpreting their mental illness to family and friends; media presentation explaining causes of mental illness and presenting new approaches to preventing or interrupting chronicity; presentation to community group explaining services available and sanctioning appropriate usage; consultation to community members, family members, landlords, etc., regarding behaviors of chronically mentally ill which fall outside of the norm, but do not warrant involuntary services

- 18 REFUGEE/IMMIGRATION PROBLEMS: Problems related to the mental health support or counseling needs of non-client immigrant individuals or groups. NOTE: This activity does not include acculturation assistance.

Example: Outreach services to newly immigrated Indochinese families to minimize adjustment problems.

- 19 MINORITY MENTAL HEALTH ISSUES: Problems specific to minority groups.

Examples: Consultation regarding special problems of families of gays; consultation focusing on mental health implications of basic racist/sexist attitudes in various work, social, education settings, etc.

- 20 STRESS: Problems involving stress or handling stressful situations, other than-Occupational Health or Disaster Response.

Examples: Presentation to group of heart attack victims regarding dealing with stress; conducting stress management seminars to a community organization.

Example: Conducting triage on a potential client who is not Medi-Cal Eligible, but suffering from symptoms of stress – loss of job, break-up of a marriage, loss of a love one.

- 21 OCCUPATIONAL HEALTH: Problems involving mental health difficulties related to work.

Examples: Consultation to group of skilled nursing facility employees regarding burnout; meeting with unemployed persons to improve their coping skills.

- 22 RESOURCE DEVELOPMENT - FINANCIAL: Problems related to the need for increase and/or improved utilization of available financial resources for COS Target Groups.

Examples: Presentation to the Grant Committee of the Ford Foundation regarding the needs of Los Angeles County homeless mentally ill; consultation to AFL-CIO local regarding inclusion of mental health benefits in insurance package; consultation to SAAC re: fund raising; outreach to mentally ill regarding establishing eligibility for receiving SSI assistance.

- 23 RESOURCE DEVELOPMENT-PROGRAM: Problems encountered in efforts to increase the number, scope or quality of mental health program resources available in the community.

Examples: Organizing citizens interested in the development of a local residential treatment program; consultation to develop Employee Assistance Programs; planning with SAAC's, etc., for development or revision of current mental health programs; developing resource book for homeless mentally ill.

- 24 SERVICE UTILIZATION: Problems involved in increasing accessibility or availability of direct services to persons with mental illness.

Examples: Consultation to staff of emergency rooms to identify patients in need of Short-Doyle services; outreach to group of Asians who under-utilize clinic services; planning with SAAC's and local community advisory liaison committees and groups regarding service utilization; outreach liaison services to persons experiencing mental disability, but avoiding and/or refusing formal mental health intervention.

- 25 SOCIALIZATION: Problems involved in social skill acquisition and social support of persons with mental illness in the community within an existing program, as distinct from development of such a program.

Example: Work with staff of a socialization program to understand the needs of mentally ill clients; consultation to a Community Care Facility manager regarding

a socialization program for the mentally disabled; facilitation of social activities within a client run group.

- 26 INFORMATION/REFERRAL ONLY: Dispersal of Information concerning mental health issues.

Examples: Presentation to classroom re: services available at local clinics; brief contact with a potential client and referral elsewhere; Mobile Emergency Response Services field or phone contact for information only.

- 27 SUBSTANCE ABUSE: Mental health problems related to substance abuse.

Examples: Case consultation to drug abuse counseling clinic; consultation to Overeaters Anonymous group.

- 28 HOMELESS MENTALLY ILL: Programs and services directed to mentally ill:
1. Individuals who lacks a fixed, regular, and adequate nighttime residence; and
 - 2 individuals who has a primary nighttime residence that is:
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
 - a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - at risk of homelessness, such as youth “aging out” of foster care or persons being released from jails.

Example: Services directed towards homeless individuals to help them access temporary shelter and mental health services.

Example: Working with clients in temporary shelters to help them access more permanent housing and connect them with Full Service Partnerships (FSPs) or other mental health services

- 29 WELFARE TO WORK: Activities designed to assist individuals who are receiving assistance through CalWORKS. Activities are related to transition, as rapidly as possible, of individuals from dependence on public assistance into unsubsidized employment and self sufficiency.

Example: Supportive services are design to help individuals overcome barriers (such as mental illness) hindering them from obtaining and retaining employment.

31 RESIDENTIAL AND BRIDGING SERVICES: Program will DMH liaisons and peer advocates/bridgers to assist in the coordination of psychiatric services and supports for individuals discharged from County hospital psychiatric emergency services and inpatient units, County contracted private inpatient beds for uninsured individuals, UCCs, IMDs, crisis residential and supportive residential, programs, substance abuse and other specialized programs.

33 ENGAGING CLIENTS AND FAMILIES (Significant Others/Guardians): Identifying clients who appear to be in need of mental health services and working with the potential client, their families, significant other, etc to make them aware of mental health services in the community and attempting to involve them in needed services.

Example: Outreaching to clients identified as having a mental illness in the jail and working with the client in an attempt to involve he/she in a FSP.

34 IDENTIFYING NEEDED SERVICES IN COMMUNITY AND MAPPING AVAILABLE SERVICES: Identification of resources which are necessary and appropriate to meet the various needs of the client/family/guardian.

Example: Interagency consultation, communication about the services provided by an agency; mapping the available services within a grid (a specific area within a community) to determine what services need to be added, changed or deleted from that area to meet the needs of the client population.

35 RECRUITING, ENGAGING AND WORKING WITH COMMUNITY AGENCIES:

36 COMMUNITY LINKAGE/MONITORING LINKAGE: Referring/connecting clients to appropriate services that meet their specific needs. Following-up with the client to see if services were accessed and meet their needs.

37 SELF HELP/ADVOCACY ACTIVITIES: A supportive, educational, usually change-oriented group that addresses conditions shared by the members. Leadership is indigenous to the group members. Participation is voluntary.

38 VOCATIONAL ACTIVITIES: Activities designed to encourage and facilitate individual motivation and focus on realistic and attainable vocational goals. Vocational services are to provide a continuum of vocational and employment opportunities to assist clients of the mental health system in developing the skills and preparedness necessary to pursue, acquire and maintain employment. Vocational activities can also be used to link persons with mental illness to vocational providers as well as employment opportunities in the community. Vocational Services may include pre-vocational activities, work preparation, work experience, transitional employment or supported employment

- 39 **EDUCATION:** Refers to the time an instructor spends educating client/family/significant other.
- 40 **TRAINING:** Refers to the time an instructor spends providing training.
- 41 **PEER SUPPORT:** Is a process in which consumers offer support to their peers. It includes all necessary activities and actions that improve/enhance another consumer's recovery, quality of life and ability to cope with daily life issues.
Examples: Naturally occurring mutual support groups, consumer-run services.
- 42 **DROP-IN CENTERS:** Intended as entry points to the mental health system, Drop-In Centers provide "low-demand, high tolerance" environments where individuals can find temporary safety and begin to build trusting relationships with staff and others.

Example: Integrated "one-stop" centers where essential health, substance use/abuse, employment and mental health services can be accessed.

Example: Consultation to a TAY Drop-In Centers that caters to a sub-population of youth who are either former foster youth or emancipated youth from the probation system who tend to be "service-resistant."
43. **SUICIDE PREVENTION:** The Suicide Prevention Project consists of a number of programs offering: Crisis Hotline, services to high-risk Transition Age Youth; education and outreach to community and youth organizations; linkage to appropriate services and practices; increasing public awareness of prevention and early intervention of suicide and reducing stigma associated with mental illness, substance abuse and suicide; developing age-appropriate community partners; and other necessary assistance related to suicide prevention.

NOTE: If staff are providing an intervention and there is enough information to open an episode, do not claim the services provided to COS.

SERVICE RECIPIENT DEFINITIONS

1. Community-at-Large: The general public.

Example: Radio and television presentations; news release prepared for newspapers or newsletters; speeches or panel discussions; health and mental health fairs. Any information sharing activity aimed at the general population.

2. Special Population: Specific populations such as minority, disabled, or otherwise defined groups.

Examples: Mental Health Education presentation to hearing-impaired adults; a Health Fair for Hispanic families and providers of services; consultation with incest/rape victims to develop a support group.

3. Individual: An individual, on behalf of self or friend, who is not a current client within the mental health system.

Example: After a mental health educational presentation, the consultant spends time with an individual who attended the presentation, to provide information about resources available for intervention with a depressed child in the neighborhood.

4. Couple/Family: Couples or families on behalf of themselves or a family member, when a chart would not ordinarily be opened, and when the couple/family is not known to the mental health system.

5. School-Public: Publicly funded schools, which include pre-school, elementary, junior high, high school, college, vocational, and professional/trade schools.

Examples: Program or case consultation to one or more public school principals, counselors, teachers, nurses, etc.; community education presentations to public school classes; demonstration of interviewing and listening techniques with staff of a public school; presentation to PTA.

6. School-Private: Parochial or other privately funded schools.

Examples: Presentation on stress management to private school staff; case consultation with principal.

7. Community Care Facility: Non-hospital residential facilities (board and care facilities, group homes, foster homes).

Example: Series of classes for a group of Community Care providers to increase their skills in managing problem behavior in their facilities.

8. Law Enforcement/Justice System: Contacts with courts, probation officer, police, sheriffs, public defenders, juvenile officers, jails, parole officers, etc.

Examples: Consultation to police regarding hostage negotiation or handling of persons with mental illness; consultation regarding the containment of potentially violent behavior.

9. Private Industry: Non-public businesses, such as Sears, Arco, Ford Motor Company.

Examples: Consultation to a company regarding stigma issues pertaining to job placement for recovering mentally ill persons; consultation to occupational health staff regarding the management of a serious acute mental health crisis on the job, i.e., suicidal attempt of a worker; consultation regarding anticipatory planning for a large work force reduction not on behalf of a person known to be a client of the mental health system.

10. Community Organizations: Organizations in the community of a general or service nature, such as Service Area Advisory Committees (SAACs), Lions Club, Chamber of Commerce.

Example: Community education presentations to a meeting of one or more community organizations regarding mental health services or mental health issues of interest to the members. Program consultation with a group regarding a service project on behalf of persons with mental illness, or opportunities for volunteer participation in a DMH or contract mental health program.

11. Religious Organization: Churches, synagogues, or other religious groups (not service agencies run by religious groups, such as Catholic Social Services, which is reported under Human Services Agency-Private).

Examples: Consultation to a group of clergy regarding possible sermons or service projects on behalf of persons with mental illness, or regarding counseling and other supportive services to persons with mental illness and their families; consultation with a local Bible Study group regarding possible confusion among mentally ill members regarding religious issues on behalf of a person known to be a Short-Doyle client.

12. Human Service Agency-Public: Agencies such as DPSS, DCFS, Health Services, Drug and Alcohol Services, Veteran's Affairs, Area Agency on the Aging.

Example: Same as above (Human Service Agency-Private).

13. Human Service Agency-Private: Agencies such as free clinics, Catholic Social Services, Jewish Social Service, private hospitals, medical clinics, YMCA, YWCA, Girl Scouts, Boy Scouts, Big Brothers or Sisters, Red Cross.

Example: Consultation with workers to increase their effectiveness in dealing with the mental health needs of their clients; educational presentations to staff to reduce stigmatizing behavior of workers toward persons exhibiting symptoms of emotional stress or mental illness (not on behalf of a specific client in the system).

14. Labor Union or Employee Organization: Groups such as the United Auto Workers, Coalition of Hispanic Workers, Women in Government, Service Employees International Union.

Example: Consultation to a union representative regarding mental health problems precipitated by layoffs of union members; network development between unions to lobby for a better mental health climate in the workplace and insurance coverage for psychiatric problems; consultation to union stewards regarding identification and management of possible mental health problems.

15. Community Support/Self Help Groups: Groups such as Project Return; Recovery Inc.; Parents Anonymous; advocates for persons with mental illness.

Example: Consultation regarding the development of a program for clients in the evening and week-ends; facilitation of a Project Return group; an educational series for relatives and friends of identified clients on how to manage problems and reduce family stress.

16. Government Group: Groups constituted by or appointed by the federal, state, county or city government, such as City Councils, Planning Commissions, Mental Health Advisory Board, legislative committees.

Example: Education of Planning Commission members regarding zoning restrictions pertaining to community care facilities for persons with mental illness; consultation with legislative aides regarding impact of proposed legislation; presentation before city councils or planning commissions when new community-based programs are being developed.

17. Other Groups: Specify service recipient not covered by other definitions.

18. CalWORKs: In California, Aid to Families with Dependent Children (AFDC) was replaced by California Work Opportunity and Responsibility to Kids CalWORKs. CalWORKs mental health supportive services are available to CalWORKs participants. CalWORKs serves children, their parents or caregivers.

Example: Educating the community about CalWORKs; linking clients to appropriate services. (See CalWORKs COS Manual)

19. General Relief Opportunity for Work Program (GROW): Transitions employable General Relief (GR) recipients from welfare dependency into the labor market. GROW serves adults only who have no children or are noncustodial parents.

Example: Making referral and linking appropriate GR participants with needed services. (see CalWORKs COS Manual)

20. Disaster Survivor: An individual who was the victim of a disaster and is experiencing emotional distress.

Example: After a disaster, earthquake, fire, etc, individual is anxious and prefers to live in a tent rather than an apartment or house.

21. Homeless: Programs and services directed toward the homeless mentally ill: This includes:

1. Individuals who lacks a fixed, regular, and adequate nighttime residence; and,
 - i. individuals who have a primary nighttime residence that is:
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for persons with mental illness);
 - a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
 - at risk of homelessness, such as youth aging out of foster care or persons being released from jails.

Example: Consultation with shelter staff about how to handle individuals who are having problems living in the shelter or residing with others in the shelter.

22. Regional Center: Private, non-profit organizations under contract with the State of California, to serve persons who have a developmental disability, are experiencing or at risk for developmental delay/disability and are at high risk of parenting an infant with a disability. These organizations provide support to individuals and their families.

Example: Consultation with Regional Center staff about developing a new program for persons who are developmentally disabled with mental health needs.

23. Human Service Agency, Public/Private: See definitions above.

24. Veterans

It is the official policy of the Department to provide mental health services to veterans, including outreach and engagement. Select this value when the service is provided to a Veteran. Services are to be provided regardless of military discharge status. For more information, please contact Dr. Carl P McKnight at (213) 738-2988 or cmcknight@dmh.lacounty.gov

SAFE HAVEN PROGRAMS

A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness, who are on the street and have been unable or unwilling to participate in housing or supportive services. Safe Havens serve as a refuge for the homeless mentally ill, and as a port of entry into the mental health system, providing for basic needs (food, showers, clothing, etc.). Safe havens also provide a safe and decent residential alternative for homeless persons with severe mental illness who need time to adjust to life off the streets and to develop a willingness and trust to accept services in order to transition to permanent housing.

There is no specific Program Area called "Safe Haven". This allows staff providing supportive services in these programs to use whichever program code best identifies what they are doing.

Safe Haven staff are to complete COS Forms when they are engaging and linking clients.

Progress Notes/Future Plans/Recommendations

Complete the section titled "Progress Notes" include presenting problems, goals, content process and outcome of the consultation for all Community Outreach Services contacts, whether Promotion or Community Client..

Under the section titled "Future Plans/Recommendations, include major topics or problem areas to be addressed and any special problems or successful techniques which might be helpful in future consultations.

FREQUENTLY ASKED QUESTIONS (FAQ) COMMUNITY OUTREACH SERVICES (COS)

QUESTION

1. ***What is the difference between Community Client and Mental Health Promotion?***

ANSWER

Mental Health Promotion includes activities and projects directed toward:

1. Strengthening individuals' and communities' skills and abilities to cope with stressful life situations, **before** the onset of such events (e.g., "primary prevention");
2. Enhancing and/or expanding agencies' and organizations' mental health knowledge and skills related to the community-at-large or special population groups;
3. Providing education and/or consultation to individuals' and communities' regarding mental health services programs, in order to prevent the onset of mental health problems.

Community Client Services includes activities directed toward:

1. Outreach to identify potential persons with mental illness;
2. Strengthening individuals' and/or communities' skills and abilities **during** a stressful life situation through short-term intervention (e.g., "secondary, tertiary prevention");
3. Enhancing or expanding knowledge and skills of human service agency staff to handle the mental health problems of their particular clients;
4. Linking persons with mental illness with appropriate resources in the community, e. g., health, mental health, social services, etc., supportive of recovery.

For more detail, please refer to pages 5-9 of the Community Outreach Services Manual.

QUESTION

2. ***Regarding Service Recipient: Do I report and record the name of the service recipient?***

ANSWER

If working with a client, cross out "agency" and write in "client".

- a. **Name:** If working with a client, staff have a number of options under "Name". If staff know the client's name, the name should be put in this space. If the staff does not know the client's name, John/Jane Doe can be used or male/female client. The client can be more fully described in the Progress Note section.

Please refer to page 10 of the Community Outreach Services Manual.

QUESTION

3. ***Regarding Service Location: If I am working in the Jail, do I write out the whole address?***

ANSWER

Yes. Please identify the complete address where the services are being provided.

If you have contacted with clients on the street or in a park, etc., the exact address may not be available. Identify the street, park, etc. by name.

QUESTION

4. ***Since I am working in the Jail Linkage Program and could be providing services in multiple service areas, what Provider Number do I indicate on the form.***

ANSWER

Use the Navigator Provider Number which best represents:
1) where the client resides or 2) where the client will reside.

Example. The client resides in SA 2 and is going to go into a SA 2 FSP. Use the Navigator Provider Number for SA 2.

Example: The client is homeless, but you are planning on referring the individual to a program in SA 5. Use the SA 5 Navigator Provider Number.

QUESTION

5. ***What do I put in a progress note?***

ANSWER

Complete the section titled "Progress Notes" including presenting problems, goals, content process and outcome of the consultation for all Community Outreach Services contacts, whether Promotion or Community Client..

Under the section titled "Future Plans/Recommendations, include major topics or problem areas to be addressed and any special problems or successful techniques which might be helpful in future consultations.

Please refer to page 30 of the Community Outreach Services Manual.

QUESTION

6. Can I include travel or documentation in my COS time?

ANSWER

Duration: This refers to how long the COS lasted. The time is to be recorded in 15-minute increments.

- a. Time spent **does not** include time for travel, internal planning meetings or preparations.
- b. Time spent **does** include documentation (up to one 15-minute increment), and direct contact (face-to-face or telephone).
- c. Mental Health Promotion time spent in preparation of literature, mass media advertisement and mass media preparations **is included**.
- d. **Time excluded or not eligible for recording** includes time spent by support staff, such as clerical, and time staff spend receiving training.

Please refer to page 13 of the Community Outreach Services Manual.

QUESTION

7. Can I use COS to consult with staff on my team or in my program?

ANSWER

No. COS is for consultation with others in the community.

QUESTION

8. Is the expectation that staff write in just the numerical code, or write the numerical code and the category, e.g. writing "24" vs "24 – Service Utilization Mental Health" in the Program Area box."

ANSWER

The requirement is that staff write in the numerical code, as well as the explanation of the code.

Please refer to pages 10-11 of the Community Outreach Services Manual.

QUESTION

- 9. *Since COS forms have to be kept separately from open charts, is it required the forms be kept by date?***

ANSWER

At a minimum, forms should be kept by month.

For Community Client forms, program managers can determine if the forms are to be maintained according to month or potential client. If forms are maintained by potential client, the forms **are not** to be placed in the chart once the individual becomes a client with an open episode.

QUESTION

- 10. *Should Community Client forms be kept in a locked file in a medical records room?***

ANSWER

COS forms, especially those with client information, should be safeguarded as any other client record. This could mean a locked cabinet in a medical records room, a double locked cabinet or a locked cabinet in a locked room.

QUESTION

- 11. *When progress notes are client specific should staff give the second page to the data entry staff? Separating the pages increases the risk of one of the pages getting lost.***

ANSWER

Data entry staff can have many jobs in a program, and have access to progress notes. The program manager should make the decision how to best handle this.

QUESTION

- 12. *Can you write down more than one Program Area?***

ANSWER

No. The system can only accept one Program Area. Select that which best represents the focus of the Community Outreach service.

Please refer to page 13 of the Community Outreach Services Manual.

QUESTION

13. Can you have more than one Service Recipient type? If the client fits into more than one category which one do we choose?

ANSWER

No. Select the Service Recipient type that best represents the focus of the Community Outreach service and describe the details in the Progress Notes.

Please refer to page 11 of the Community Outreach Services Manual.

QUESTION

14. Can I bill for trainings I attend?

ANSWER

No. Only training you present.

QUESTION

15. Can more than one rendering provider be listed on one COS form?

ANSWER

There is space for only one rendering provider. Additional staff are listed on the bottom of the page.

Please refer to page 13 of the Community Outreach Services Manual.